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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gopal N. Iyer

Application No.: 09/751,459
Filed: December 29, 2000Group Art Unit: 2681
Examiner: S. B. Smith

For: METHOD FOR AUTOMATED UPDATE OF TELECOMMUNICATIONS DATA IN A WIRELESS NETWORK

Commissioner for Patents
P.O. Box: 1450
Alexandria, VA 22313-1450**EXPRESS MAIL CERTIFICATE**"Express Mail" label number EU150829314USDate of Deposit January 7, 2004

I hereby certify that the following attached paper or fee

**AMENDMENT TRANSMITTAL
AMENDMENT AND RESPONSE TO OFFICE ACTION
CHECK PAYABLE TO PTO (For extra claims)**is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: **Commissioner for Patents, P.O. Box: 1450, Alexandria, VA 22313-1450.**

Beth H. Retort
(Typed or printed name of person mailing paper or fee)
[Signature]
(Signature of person mailing paper or fee)

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NOTE: The label number need not be placed in each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

(Express Mail Certificate [8-3])



Attorney's Docket No. 00261

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity. A verified statement:

☐ is attached.

☐ was already filed.

☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box: 1450, Alexandria, VA 22313-1450

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date

(type or print name of person certifying)

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☐ Applicant petitions for an extension of time under 38 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

| <u>Extension (months)</u> | <u>Fee for other than small entity</u> | <u>Fee for small entity</u> |
|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> one month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> two months | \$ 420.00 | \$210.00 |
| <input type="checkbox"/> three months | \$ 950.00 | \$475.00 |
| <input type="checkbox"/> four months | \$1,480.00 | \$740.00 |

Fee \$ _

If an additional **extension** of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|--|----|--------------------------------|------|---------------|------------------|------------|----|---------------------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL | 19 | MINUS | 20** | =0 | x9= | \$0 | | x18= | \$0 |
| INDEP. | 8• | MINUS | 3*** | =5 | x43= | \$0 | | x86= | \$430. |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +130= | \$ | | +290= | \$ |
| | | | | | TOTAL ADDIT. FEE | \$0 | OR | TOTAL ADDIT. FEE | \$430. |

- If the entry in Col. 1 is less than entry in Col. 2, write "1" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."
The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

OR

(d) ☒ Total additional fee for claims required \$ 430.00

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 430.00
- ☐ Charge Account No. _____ the sum of \$ _____
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No.
7. 11-1110

AND/OR

- ☒ If any additional fee for claims is required, charge Account No.
11-1110

Reg. No.: 41,142

Tel. No.: (412) 355-8994

Customer No. 26285



SIGNATURE OF ATTORNEY

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